

**Application for X-ray Machine 'Provisional' Industrial
Radiographer Certificate****Instructions:**

Complete **all** sections. Mail the original to the address below. Keep a copy for your records.

Incomplete or incorrect forms will not be accepted

Note: Provisional Certification is only valid within California

Personal Information

Print

Applicant's Legal
Name:

First

MI

Last

Mailing
Address:

Street Address

City

State

ZIP Code

Telephone
Number:

()

Social Security Number:

Pursuant to the authority found in Section 114870 of the California Health and Safety Code and as required by Section 17520 of the California Family Code, providing the social security number is mandatory. The social security number will be used for purposes of identification. The information on this form may be provided to federal, state, or local agencies for law enforcement purposes. For information or access to your records, contact the California Department of Public Health, Radiologic Health Branch (CDPH-RHB), MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414, (916) 327-5106.

Return this application with:

- 1) Documentation that you have passed the 40 hour course specified in California Code of Regulation, title 17, section 30335.10. Training obtained by one of the entities listed in section 30335.3(b) will be accepted with proof of training completion.
- 2) Documentation of at least 120 hours of participation in radiographic operations using radiation machines as specified in California Code of Regulations, title 17, section 30335.4 (a)(2)(B).
- 3) The nonrefundable \$75.00 application fee in the form of a check or money order payable to **CDPH-RHB**.

Certification

I certify that the information provided with this application is true and correct. I understand that the California Department of Public Health may cancel certificates that are procured by fraud, misrepresentation, or mistake, and may revoke certificates for the nonpayment of fees.

Signature of Applicant

Date

Mail to:Overnight Mailing Address:

X-ray Industrial Certification Unit
California Department of Public Health
Radiologic Health Branch, MS 7610
1500 Capitol Ave, 5th Floor
Sacramento, CA 95814-5006

Mailing Address:

X-ray Industrial Certification Unit
California Department of Public Health
Radiologic Health Branch, MS 7610
P.O. Box 997414
Sacramento, CA 95899-7414